## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax

(571) 273-2885

annronriate. All further com	respondence including the I below or directed otherwise	Patent advance o	rders and noti	fication	of maintenance fees	uired). Blocks 1 through 5 s will be mailed to the current s; and/or (b) indicating a sep	: correspondence address as
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  7590 10/14/2005					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
Sughrue Mion Zii 2100 Pennsylvania Washington, DC 20	/	JAN 1 3 2006 W		Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
1/17/2006 NDANTE2 000	000084 09587909	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Á	<u> </u>			(Depositor's name)
1 FC:1501 1400.00 DP		XXX !	TRADEMANT.				(Signature)
							(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED	INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/587,909	06/06/2000		Jurgen	Enssle		Q59049	8289
FITLE OF INVENTION: TR	RANSMITTING FACILITY	AND RECEIVIN	NG FACILITY	FOR A	A MULTIPOINT-TO-P	POINT SYNCHRONOUS C	DMA NETWORL: ~
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PU	JBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		.,	\$0	\$1400	01/17/2006
EXAMINER		ART UNIT		CI	LASS-SUBCLASS		
RYMAN, I	2665	2665 370		370-441000			
. Change of correspondence CFR 1.363).  Change of correspondence Address form PTO/SB/12  "Fee Address" indicating PTO/SB/47; Rev 03-02 on Number is required.	Correspondence	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to					
. ASSIGNEE NAME AND	RESIDENCE DATA TO BI	E PRINTED ON T	THE PATENT	(print c	or type)		· · · · · · · · · · · · · · · · · · ·
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion of	low, no assignee of this form is NO	data will appe T a substitute f	ear on the for filing	he patent. If an assign g an assignment.	nee is identified below, the o	locument has been filed for
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
ALCATEL			Paris, P				
					Individual 2	orporation or other private gr	oup entity Government
la. The following fee(s) are e	d) A c	4b. Payment of Fec(s):  A check is attached for the NOA Fees payment. Please charge any payment deficiency and credit overpayment to PODA 19-4880. A duplicate copy of this form is attached. For credit any overpayment, to ra copy of this form).					
	from status indicated above  1ALL ENTITY status. See 3		☐ b. Applica	ant is no	longer claiming SMA	LL ENTITY status. See 37 C	
						ly paid issue fee to the application of the application of the attorney or agent; or the application of the	
Authorized Signature Date 1/11/06						/ /	
Typed or printed name David J. Cushing 28, 703							

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Typed or printed name

Registration No.